

Exhibit B
Hawaii Laboratory Reporting Requirements
(January, 1998)

Physicians, laboratory directors, and health care professionals to report. Every physician or health care professional having a client affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health by the director of health shall report the incidence or suspected incidence of such disease or condition to the department of health in writing or in the manner specified by the department of health. Every laboratory director having laboratory data regarding an individual affected by or suspected of being affected by a disease or condition declared to be communicable or dangerous to the public health shall report such diseases or conditions to the department of health in writing or in a manner specified by the health department. Every physician, laboratory director, or health care professional who refuses or neglects to give such notice, or make such report, may be fined in an amount not to exceed \$1,000 per violation, to be assessed by the director of health. The director of health is authorized to impose the penalty pursuant to this section.
§325-2 Hawaii Revised Statutes.

Reports are to be made to the Epidemiology Branch on Oahu or the District Health Office on neighbor islands, except as noted below.

Reporting Categories

1. **URGENT** - Agents labeled URGENT shall be reported by telephone when a laboratory **request** is received.
2. **Immediate** - Positive test results for agents labeled "Immediate" shall be reported by telephone within 24 hours of confirmation, followed by a written notification by mail or fax.
3. **Routine** - Positive test results for agents and tests labeled "Routine" shall be reported in writing within 3 days of confirmation.
4. **Confidential** - Positive test results for agents and tests labeled "Confidential" shall be reported to the AIDS Surveillance Program by mail for confidential follow-up.

Note: Agents or tests shown in bold require urgent or immediate action.

Specimens to be sent to the Department as noted:
*Sample of isolate **Blood smear †Aliquot of positive serum
(*) or (†) = Send sample or aliquot upon request only

Agent/Test	Category
<i>Bacillus anthracis</i>	Urgent*
<i>Bordetella pertussis</i>	Immediate*
<i>Brucella</i> spp.	Routine*
<i>Campylobacter</i> spp.	Routine (*)
¹ CD4 T-lymphocyte count < 200/ul or CD4 T-lymphocyte percentage < 14%	Confidential
<i>Chlamydia psittaci</i>	Immediate
² <i>Chlamydia trachomatis</i> , genital	Routine

¹ Reports be made by mail to the AIDS Surveillance Program (CONFIDENTIAL), 3627 Kilauea Avenue, Rm. 306, Honolulu, HI 96816; ☎733-9010.

² Sexually transmitted diseases other than AIDS shall be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 306, Honolulu, HI 96816; ☎733-9281.

Specimens to be sent to the Department as noted:
 *Sample of isolate **Blood smear †Aliquot of positive serum
 (*) or (†) = Send sample or aliquot upon request only

Agent/Test	Category
<i>Clostridium botulinum</i> (Foodborne and infant)	Urgent*
<i>Corynebacterium diphtheriae</i>	Immediate*
<i>Cryptosporidium</i> spp.	Routine
Dengue virus	Immediate
<i>Entamoeba histolytica</i>	Routine
Enterococcus, Vancomycin resistant	Routine (*)
<i>Escherichia coli</i> O157:H7	Routine*
<i>Giardia lamblia</i>	Routine
<i>Haemophilus influenzae</i> (from spinal fluid, blood, lung, or other normally sterile site) Report serotype if available.	Immediate*
Hantavirus	Immediate (†)
Hepatitis A virus (IgM positive)	Immediate
Hepatitis B virus (surface antigen positive and/or anti-core IgM antibody positive) *Also report liver function tests (<i>AST {SGOT}</i> , <i>ALT {SGPT}</i>) conducted at the same time for all patients who are HbsAg+	Routine
Hepatitis C *Also report liver function tests (<i>AST {SGOT}</i> , <i>ALT {SGPT}</i>) conducted at the same time for all patients who are anti-HCV+.	Routine
Influenza virus	Routine
<i>Legionella pneumophila</i>	Immediate (*)
<i>Leptospira interrogans</i>	Routine ³
<i>Listeria monocytogenes</i>	Routine*
Liver function tests (<i>AST {SGOT}</i> , <i>ALT {SGPT}</i>) conducted at the same time on a patient who is HBsAg+ or anti-HCV+.	Routine
<i>Lyssavirus</i> spp. (Rabies)	Urgent*
Measles/Rubeola (IgM)	Immediate†
Mumps (IgM)	Routine (†)
⁴ <i>Mycobacterium tuberculosis</i>	Immediate
⁵ <i>Mycobacterium leprae</i> (AFB) positive biopsies and smears	Routine
⁶ <i>Neisseria gonorrhea</i> (including identification of resistant strains)	Routine*
<i>Neisseria meningitidis</i> (from spinal fluid, blood, lung, or other normally sterile site)	Immediate*
<i>Plasmodium</i> spp.	Routine**

³ For *Leptospira interrogans* submit whole blood and paired serum samples.

⁴ Tuberculosis shall be reported to the Tuberculosis Control Program at ☎832-5731, x26, or by mail to TB Program, 1700 Lanakila Avenue, Honolulu HI 96817, Attn: Registry- CONFIDENTIAL or by FAX to 832-5846 Attn: Registry- CONFIDENTIAL.

⁵ Reports shall be made to the Hansen's Disease Community Program at ☎735-2472.

⁶ Sexually transmitted diseases other than AIDS are to be reported to the STD Prevention Program, 3627 Kilauea Avenue, Room 304, Honolulu, HI 96816; ☎733-9281.

Specimens to be sent to the Department as noted:
 *Sample of isolate **Blood smear †Aliquot of positive serum
 (*) or (†) = Send sample or aliquot upon request only

Agent/Test	Category
<i>Poliovirus</i>	Immediate*
<i>Rickettsia typhi</i>	Routine†
Rubella (IgM)	Immediate†
<i>Salmonella</i> spp. (including <i>typhi</i>)	Routine*
<i>Shigella</i> spp.	Routine*
<i>Streptococcus pyogenes</i> , Group A (beta hemolytic, invasive disease including Streptococcal Toxic Shock Syndrome, but not including pharyngitis)	Routine (*)
<i>Streptococcus pneumoniae</i> , also report drug resistance when isolate obtained from normally sterile site	Routine
⁵ <i>Treponema pallidum</i>	Routine†
<i>Trichinella spiralis</i>	Routine
<i>Wuchereria bancrofti</i>	Routine
Varicella (IgM)	Routine (†)
<i>Vibrio cholerae</i>	Urgent*
<i>Vibrio</i> spp. (other than <i>cholerae</i>)	Routine*
Yellow fever virus	Urgent
<i>Yersinia pestis</i>	Urgent*
<i>Yersinia</i> spp. (other than <i>pestis</i>)	Routine*

Report all Diseases Except Tuberculosis, Hansen's Disease, Sexually Transmitted Diseases, AIDS, and Low CD4 to the Office in Your County

Oahu

P.O. Box 3378
 Honolulu, HI 96801
 Phone: (808) 586-4586
 FAX: (808) 586-4595

Maui

54 High Street
 Wailuku, Hawaii 96793
 Phone: (808) 984-8213
 FAX: (808) 984-8222

Hawaii

P.O. Box 916
 Hilo, HI 96720
 Phone: (808) 933-4539
 FAX: (808) 933-4669

Kauai

3040 Umi Street
 Lihue, Hawaii 96766
 Phone: (808) 241-3563
 FAX: (808) 241-3480